SECRETARY OF THE ARMY
WASHINGTON

12 JUL 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2021-26 (Family Advocacy Program Incident Determination Committee and Clinical Case Staff Meeting)

1. References. See references enclosed.

2. Purpose. This directive establishes policy, assigns responsibilities, and provides procedures for the transition of the Family Advocacy Program (FAP) Case Review Committee (CRC) to the Incident Determination Committee (IDC) and Clinical Case Staff Meeting (CCSM). Policies established in this directive by the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA (M&RA)) and instructional guidance implemented by the Deputy Chief of Staff (DCS), G-9 in accordance with this directive supersede current Army FAP CRC policies, regulations, and guidance.

3. Applicability. This directive applies to the Regular Army, Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

4. Background.

a. The welfare and readiness of Soldiers and their Families relies on the FAP and other programs that provide prevention, intervention, and treatment services to address domestic abuse and child abuse/neglect. Protecting victims of abuse, providing treatment to all persons affected by abuse, and ensuring personnel are professionally and adequately trained to intervene in such cases supports the Army's continued goal of reducing domestic abuse and child abuse/neglect in the ranks. Leadership engagement is a key contribution in the coordinated community response to domestic abuse and/or child abuse/neglect.

b. Utilizing a Coordinated Community Response (CCR), the FAP coordinates an appropriate response to domestic abuse and/or child abuse/neglect with the local military and civilian community; the Soldier's commander; and other Federal, State, local, and foreign agencies or organizations. By ensuring that support services address the presence of violence, the CCR accounts for victims' safety and the safety of other Family members impacted by domestic abuse and/or child abuse/neglect. Treatment is available to individuals regardless of their role (victim, offender, or both) to reduce the likelihood of further abuse/neglect by addressing aggressive or violent behaviors, increasing protective capacity, processing trauma, building skills in conflict resolution and communication, and decreasing negative patterns in relationships with the goal of reducing the likelihood of future violence.

5. Policy. Suspected or known incidents of domestic violence and/or child abuse/neglect will be reported to the installation FAP reporting point of contact (RPOC) as designated by installation procedures. Emergency cases of domestic abuse and child abuse/neglect (such as threat to life, loss of limb or eyesight, and imminent danger) will be reported to the appropriate military or local law enforcement office and medical treatment facility (MTF), as necessary, before contacting the FAP RPOC.

a. Transition to IDC-CCSM Model. All installations will transition from the CRC model to the IDC-CCSM model, which separates administrative and clinical functions into two independent committees as outlined below.

(1) Incident Determination Committee (IDC). The IDC reviews suspected incidents of domestic abuse and/or child abuse/neglect to make an Incident Status Determination (ISD). The IDC will review all suspected incidents of domestic abuse and/or child abuse/neglect that meet a reasonable suspicion standard of proof. The standard of proof is met if, after initial assessment of all the information in the report, there is reasonable suspicion that the suspected incident occurred and the suspect incident meets the criteria established in enclosure 3 of Department of Defense (DoD) Manual 6400.01, Volume 3 (reference 1l). In addition to meeting the standard of proof, one or more of the following must apply to the alleged incident to necessitate IDC review: (a) an act or omission supports the allegation of, or a reasonable potential for, abuse or neglect; (b) the allegation is based on “more than” poor judgment; and/or (c) the referral is not being made with malicious, harassing, or retaliatory intent. All incidents of abuse or neglect connected to a victim’s death must be presented to the IDC. As determined by the IDC, incidents that meet the criteria established by enclosure 3 of reference 1l, by a preponderance of the information, will be recorded in the Army Central Registry (ACR).

(2) Clinical Case Staff Meeting. In conjunction with the administrative finding from the IDC, the CCSM is the forum to make and review clinical recommendations to assist persons affected by domestic abuse and/or child abuse/neglect. The CCSM is responsible for providing clinical consultation to the assigned FAP case manager; making clinical recommendations for safety planning and ongoing safety monitoring; assessing incident severity, supportive services, and risk assessment; and providing case management and review of the treatment and care coordination. Additionally, the CCSM reviews open and transfer cases as well as case closures.

b. IDC Membership, Attendance, and Training. The IDC comprises voting and non-voting members. Attendance at the IDC is limited to individuals listed in this paragraph and individuals authorized with a “need to know.” No active-duty servicemember or Family member who is an alleged abuser or victim, or non-offending parent, is authorized to attend the IDC, nor is an attorney for such individuals. Voting

members (or their alternates) are appointed in writing by the senior commander, garrison commander, or deputy garrison commander and are required to complete introductory and refresher training to serve as a member of the IDC. Non-voting members have a limited need to know, specific to the case(s) where their attendance is requested.

(1) IDC voting members—

(a) IDC Chair

(b) senior enlisted advisor to the garrison commander or garrison manager

(c) representative from the Office of the Staff Judge Advocate (SJA)

(d) representative of the Office of the Provost Marshal

(e) MTF FAP Chief/Clinical Director or Clinical Supervisor

(f) healthcare provider from/or via the Forensic Healthcare Program of the installation MTF or other MTF supporting the installation

(g) unit commander or other delegated alternate representative (if both the alleged victim and alleged subject are servicemembers, both commanders or designated alternates) are required to attend as voting members

(2) Non-voting IDC member are individuals who have relevant information that can inform the IDC during the determination process. Except where noted, these members are not required to attend all meetings. These members do not vote during the ISD review process. However, they may remain in the room at the time that a determination is being made, as deemed appropriate by the IDC Chair. Non-voting members are required to complete introductory and refresher training to serve as a member of the IDC. Non-voting members include, but are not limited to, the following individuals:

(a) the FAPM (required to attend all meetings)

(b) representative, or designated alternate, from the military criminal investigative organization who can provide information directly related to the alleged incident being reviewed

(c) the military medical examiner (ME) who performed the autopsy in a reported fatality (The ME may provide additional background and insight, not otherwise available, on the cause of death.)

(d) other individuals invited by the FAPM or MTF FAP Chief/Clinical Director or Clinical Supervisor deemed relevant to the ISD decision-making process, subject to approval by the IDC Chair

(e) the principal (or principal's alternate) of the Department of Defense Education Activity (DoDEA) school or the director of a DoD-sanctioned activity for incidents involving an employee or volunteer as the alleged offender

(3) Before transition to the IDC-CCSM model, all IDC voting and non-voting members (and alternates) must complete introductory training that meets the initial training requirements outlined in DoD Manual 6400.01, Volume 3. At a minimum, introductory training will provide information on IDC procedures, how to understand and use the Decision Tree Algorithm (DTA), and roles and responsibilities for each meeting attendee. Thereafter, all IDC voting and non-voting members (and alternates) will complete annual refresher training while appointed as a member of the IDC.

c. IDC Managing Authorities.

(1) Incidents of domestic abuse and/or child abuse/neglect will be reviewed by the IDC where the Soldier-sponsor is located. When the Soldier-sponsor is deployed, or the Family and/or victim are not colocated with the Soldier-sponsor, the case will be reviewed according to the Primary Managing Authority Decision Matrix table that follows paragraph 5c(3) in this directive. The assigned FAP case manager will coordinate care and collaborate with the nearest military installation for treatment services.

(2) Senior commanders or garrison commanders may establish an independent IDC on installations where a local FAP office is currently operating and sufficient resources and personnel are available to maintain the committee. To establish an independent IDC, the senior commander or garrison commander must establish written operational guidance and procedures pursuant to this directive, implement training for all voting members (and alternates) before they vote at an IDC, and implement training for non-voting members and support personnel.

(3) The MTF providing FAP clinical services is responsible for coordinating and completing the CCSM and continued treatment oversight for alleged offenders, victims, and their Family members. When multiple service providers are involved, clinical providers are encouraged to collaborate at the CCSM to ensure services align with the treatment plan and the needs of the individuals participating in the IDC-CCSM.

FAP PRIMARY MANAGING AUTHORITY DECISION MATRIX

Alleged Primary Offender	IDC Primary Managing Authority
Child	
Sponsor	Sponsor's Location
Non-sponsor: Family Member (geographically located with the sponsor)	Sponsor's Location
Non-sponsor: Family Member (geographically separated from the child)	Sponsor's Location
Non-Sponsor: Active Duty (AD)	Identified Offender's Location
Non-Sponsor: Extrafamilial (DoD-eligible)	Identified Offender's Location
Non-Sponsor: Extrafamilial (non-DoD-eligible)	Victim's Location
Non-Sponsor: Out-of-home DoD-sanctioned Facility	Offender-DoD Facility Location
Non-Sponsor: Unknown	Sponsor's Location
Intimate Partner/Spouse	
Sponsor: Non-dual military	Sponsor's Location
Non-Sponsor: Family Member	Sponsor's Location
Non-Sponsor: Intimate Partner AD	Victim's Location
Non-Sponsor: Intimate Partner of a Family Member	Sponsor's Location
Non-Sponsor: AD	Identified Offender's Location
Sponsor: Both AD (one offender)	Identified Offender's Location
Sponsor: Both AD (two offenders)	Identified Offender's Location
Sponsors: Both AD and Mutual Offenders (geographically separated)	IDC that receives the initial referral (Use a conference call or the VTC to facilitate engagement of both IDC unit commanders.)
Sponsors: Both AD and Mutual Offenders (geographically separated)— Primary Aggressor Identifiable	IDC that receives the initial referral (Use a conference call or the VTC to facilitate engagement of both IDC unit commanders.)
Intimate Partner/Spouse	
AD Army and AD Other Service	Identified Offender's Location
AD Army and AD Other Service: Both Abusers	Primary Aggressor's Location (Use a conference call or the VTC to facilitate engagement of both IDC unit commanders.)
AD Army and AD Other Services: Both Abusers— No Primary Aggressor Identifiable	IDC that receives the initial referral (Use a conference call or the VTC to facilitate engagement of both IDC unit commanders.)

d. IDC Procedures.

(1) Referral. All reported incidents that meet the threshold of reasonable suspicion, and for which a clinical assessment has been completed, will be brought to the IDC for an ISD. The IDC will meet on the case no later than 45 business days after receipt of the initial referral.

(a) In the event a case is not ready for presentation to the IDC, the MTF FAP Chief/Clinical Director or Clinical Supervisor will provide a brief introductory statement on the case. The introductory statement may include information on the case status and the reason for the delay or deferral request. The case record and IDC meeting minutes will reflect approval or disapproval of the delay or deferral request, and any other case-specific notes. The IDC Chair has the authority to grant an extension for up to 60 additional business days for FAP to complete the assessment and prepare the case for presentation to the IDC.

(b) The IDC Chair will review requests for extension beyond 60 business days on a case-by-case basis. When a case is deferred pending the outcome of a law enforcement investigation, the Provost Marshal representative will provide status updates to the IDC Chair during each proceeding. Extensions and any actions taken on a case will be documented in the Family Advocacy System of Records (FASOR).

(2) Meeting, Voting, and Recording Decisions.

(a) The IDC Chair is responsible for following all published procedures and guidance, including voting last during the determination process, reminding all committee members of the confidentiality of the IDC proceedings (voting and non-voting members), ensuring that contributions to the IDC are limited to the facts of the incident, and refraining from exerting undue influence on the voting process.

(b) The IDC will only consider an incident and make an ISD when there is a quorum. A quorum is met when no less than two-thirds of the voting members are present to vote. In the absence of a quorum, the meeting will be canceled and a notation made on the meeting minutes.

(c) An IDC member with a conflict of interest in any case will immediately notify the IDC Chair. The SJA representative should be consulted by the IDC Chair to discuss the conflict. The IDC Chair will then make a decision about whether the case will be reviewed or alternative arrangements made, and discuss available resolutions. If appropriate, the conflicted person should be removed from the IDC for that case. The IDC Chair is the final decision authority to resolve any conflicts of interest.

(d) All assessed incidents must be heard at the IDC. Voting on each incident will be completed using the DTA, which requires each type of domestic abuse and/or child abuse/neglect under consideration to meet the threshold of (1) an act or failure to act, and (2) an impact (with the exception of sexual abuse). The act, impact, and exclusion(s) will be voted on separately in accordance with reference 1l.

(e) The IDC will consider all available incident-focused information relevant to the case presented for purposes of making an informed determination using the DTA. The standard of proof for the ISD is a preponderance of the information. The IDC will review and vote on cases in accordance with guidance developed by the DCS, G-9. Law enforcement information provided during the IDC meeting should not impede any ongoing investigation. When an investigation is ongoing, and information is unavailable or investigative information may not be shared at the time of the meeting, the law enforcement member will advise the IDC Chair.

(f) Record of IDC Deliberation/Determination. Pursuant to references 1f and 1g, the FAPM or FAP supervisor of clinical services must ensure that the ISD and an explanation of the FAP process for reviewing the ISD is communicated to the unit commander of each active-duty member involved in an ISD and to the Family member or other person who is an alleged abuser, victim, or parent of a victim. Administrative personnel will annotate the results of the vote for each ISD in the ACR.

(3) Reconsideration of IDC Determinations. An alleged offender, victim, or parent or guardian, on behalf of a child victim, may request a reconsideration of the ISD if there is reasonable belief that the IDC did not follow applicable policy or procedures outlined in this directive or any other applicable guidance, or the IDC did not have all material information when the determination was made. This includes information that was not available to the IDC at the time of determination, or was available, but not considered by the IDC. Information not available because of a requestor’s failure to cooperate with the FAP is not a basis for a request for reconsideration.

(a) Requestors must submit, within 30 calendar days of receiving notification of the ISD, a typed request to the installation IDC Chair that clearly states the basis for reconsideration as described in this paragraph.

(b) The IDC Chair will receive and review all requests for reconsideration within 15 calendar days after receipt of the request packet to determine whether it meets the eligibility criteria as described in this paragraph. The IDC Chair may consult the FAPM, MTF FAP Chief/Clinical Director or Clinical Supervisor, appropriate DoDEA principal, or DoD-sanctioned activity director for additional information necessary to make a decision on the request.

(c) If a request for reconsideration fails to meet the eligibility criteria, the installation IDC Chair may disapprove the request, citing ineligibility in accordance with this directive. This decision is not appealable. Notification of the final decision will be sent to the requestor. A copy of the outcome will be forwarded to the Soldier's unit commander, the installation FAPM, and MTF FAP Chief/Clinical Director or Clinical Supervisor. If the request for reconsideration meets the eligibility criteria, the case will be re-heard at the next available IDC meeting after the case re-assessment is complete. The appropriate unit commander will be notified of the scheduled re-hearing by the FAPM or the MTF FAP Chief/Clinical Director or Clinical Supervisor.

(d) The IDC Chair will request, through the MTF commander, the assignment of a new and unassociated FAP case manager to the reconsideration action. The case manager will complete a thorough reassessment and prepare a new case presentation inclusive of any additional information and associated facts relevant to the act, impact, and eligibility for an exclusion, as applicable. The reassessment will integrate any additional information presented as the basis for the reconsideration. When new information is presented, the IDC will be impartial in its consideration of the additional information. If the re-hearing is associated with a policy or procedural error, the committee will correct the error when making a new ISD.

(e) The IDC that made the initial determination will hear the reconsideration case. The FAPM will coordinate with the MTF FAP Chief/Clinical Director or Clinical Supervisor to place the reconsideration case on the upcoming IDC agenda. The agenda will annotate when a case is scheduled for a reconsideration. The same, original case number will be assigned to all reconsideration cases. The DCS, G-9 will develop guidance on the review and decision-making process for all IDCs.

(f) A requestor may appeal the reconsideration ISD to the senior commander or senior manager if there is evidence that the installation IDC failed to follow all policy and procedures in conducting the committee meeting (such as a quorum not met), or the additional or new information presented at the re-hearing was not considered impartially. The request for a review of the reconsideration ISD will be forwarded with a memorandum outlining the committee's decision-making process from the IDC Chair to the senior commander or senior manager. The senior commander or senior manager will review the entire packet and provide a final determination—approving or disapproving the request for an appeal of the reconsideration ISD within 30 calendar days of receiving the packet. The requestor and the installation IDC Chair will be notified in writing of the final decision. If the request for a reconsideration is approved, the installation Chair, FAPM, and MTF FAP Chief/Clinical Director or Clinical Supervisor will coordinate the reconsideration being heard at another installation for purposes of impartiality. The senior commander's or senior manager's decision is final and may not be appealed.

(g) The result of the reconsideration ISD will be annotated in the ACR.

(h) The MTF Commander is responsible for clinical oversight and ensuring that standards of care are met. When an incident reconsideration is pending, treatment services will not be suspended, interrupted, or postponed pending the outcome of the decision.

e. Clinical Case Staff Meeting (CCSM).

(1) The CCSM is an interdisciplinary team that reviews clinical recommendations in response to allegations of domestic abuse and/or child abuse/neglect. Clinical recommendations may include clinical treatment, supportive services (such as domestic abuse victim advocacy support during the civilian protective order process), safety planning, motivation to change, interest in services, and review of risk and protective factors necessary to address suspected or known domestic abuse and/or child abuse/neglect.

(2) Suspected or known incidents of domestic abuse and/or child abuse/neglect that do not meet criteria at the IDC are eligible for treatment or other supportive services for the Soldier and Family member(s), as appropriate.

(3) CCSM Membership. The CCSM is limited to personnel providing clinical consultation. A quorum of two or more privileged clinical social workers is required for the meeting to occur. At small and remote installations, the quorum can be achieved by teleconference or video conference between two or more privileged clinical social workers. Standing members of the CCSM are the MTF FAP Chief/Clinical Director or Clinical Supervisor, FAPM or designee, and at least one additional privileged clinical social worker. The CCSM Chair may invite one or more of the following personnel:

(a) medical providers

(b) behavioral healthcare providers

(c) clinical and social services providers (including the local Child Protective Services (CPS) staff, as appropriate)

(d) New Parent Support Program (NPSP) home visitor providing services where there is an expectant parent or child 3 years old or younger

(e) domestic abuse victim advocate (DAVA) during the portion of the meeting that discusses risk, lethality, and safety planning for the adult victim or advocacy support of the non-offending parent in child abuse/neglect cases

(4) At a minimum, the CCSM will meet once a month. High-risk, child sexual abuse; chronic neglect; and civilian, court-involved child maltreatment cases will be reviewed monthly until case closure. New and open cases, including transfers from another installation or military service, will be reviewed at least quarterly. The CCSM Chair may convene ad hoc CCSMs to address urgent actions, including cases involving high-risk factors, emergency child placement, relocation moves or transfers for victims of domestic abuse, or similar situations that cannot wait until the next meeting date.

(5) When CPS is involved in any open case, the case will not be closed until CPS has closed its case or the Family and/or child is no longer eligible for FAP services. When the Family or child becomes ineligible for FAP services, community-based referrals will be provided to support continued care.

(6) FAP clinical case transfers will be managed by the CCSM.

(7) Cases that are scheduled or become eligible for closure will be reviewed at the CCSM before closure is finalized.

(8) The CCSM will provide clinical case consultation to the assigned FAP case manager and/or alternate for each case reviewed during the meeting. The discussion will include:

(a) safety planning and protective measures in place, which include the impact of the abuse on the victim, law enforcement response, coordination with the chain of command and other collateral or community contacts that are involved in protective efforts, and recommendation for foster care placement or command intervention

(b) severity of the incident as determined by the FAP Incident Severity Scale

(c) clinical interventions, as appropriate, and progress in addressing the needs of each victim and any other Family members

(d) clinical interventions, as appropriate, and progress to address the alleged offender’s behaviors and treatment engagement

(9) All CCSM attendees are subject to confidentiality and may not disclose information obtained during the meeting unless authorized in accordance with references 1f, 1g, and 1l.

(10) CCSM discussions will be documented in the FAP record by the assigned FAP clinical case manager.

(11) The CCSM Chair is responsible for creating an agenda for each meeting. The agenda will document all cases reviewed, including transfer-in or transfer-out, active and open cases, the date for the next review for all cases, and cases that are eligible for closure and/or closed during the meeting. After each CCSM, the IDS summary will be updated.

6. Roles and Responsibilities.

a. The ASA (M&RA) will—

(1) Oversee compliance with policy.

(2) Coordinate with OSD FAP and DCS, G-9 for FAP-specific funding.

(3) Publish implementation instructions.

(4) Approve or disapprove requests for exception to policy or waiver.

b. The DCS, G-9 will—

(1) Oversee compliance with policy for implementation and execution of the Armywide transition to IDC and CCSM.

(2) Coordinate with OSD FAP for FAP-specific funding.

(3) Establish written instructional guidance for transition to the IDC-CCSM model.

c. The Commander, Army Materiel Command (AMC) will—

(1) Support the oversight and implementation of the IDC at each installation through the U.S. Army Installation Command (IMCOM).

(2) Implement and report IDC-specific measures of performance developed by the ASA (M&RA). Establish measurable standards that align with the measures of performance for reporting on the transition to the IDC-CCSM to the ASA (M&RA).

(3) Review and recommend to DCS, G-9 the approval or disapproval of exception to policy or waiver requests for forwarding to the approval authority.

(4) Implement initial training for IDC voting members (and alternates). Establish full-time trained installation site coordinators as the ongoing support capability to assist installations with a FAP office to implement the IDC.

(5) Assign, through IMCOM FAP, subject-matter experts at echelon responsible for supporting the execution of the transition to IDC and for maintaining FAP standards.

d. The Commander, U.S. Army Training and Doctrine Command will—

(1) Support all numbered Family Advocacy Staff Training (FAST) and FAST-Advanced (FAST-A) courses, including the Multi-Victim, Prevention, and Clinical Courses funded by the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy, Family Advocacy Program.

(2) Transition and revise the course content of the FAST and FAST-A functional courses to become training courses for IDC voting members and CCSM members.

(3) Prepare and disseminate initial and ongoing training for members of the installation IDC and CCSM in collaboration with AMC, IMCOM, and the U.S. Army Medical Command (MEDCOM) during and after the transition to the IDC-CCSM model.

(4) Sustain the FAST-A Clinical, Prevention, and Multi-Victim functional courses.

(5) Support emerging training requirements associated with the Army FAP in coordination with DCS, G-9.

e. The Commander, MEDCOM will—

(1) Implement the CCSM. Establish FAP clinical policies and practice standards in support of the IDC-CCSM in accordance with references 1h–1l.

(2) Implement and report to the ASA (M&RA) those measures of performance and measurable standards specific to the transition to the CCSM.

(3) Ensure that the results of the IDC are entered into the ACR within 5 business days of the committee meeting date when the incident was reviewed and voting resulted in an outcome.

(4) Provide technical assistance and training guidance to the MTFs in support of the management of Armywide domestic abuse and/or child abuse/neglect reporting.

(5) Comply with requirements of the Freedom of Information Act and Health Insurance Portability and Accountability Act when responding to authorized IDC and CCSM representative requests for information on specific individuals or previously reported incidents of domestic abuse and/or child abuse/neglect.

(6) In coordination with DCS G-9 and AMC, update and modernize the FASOR to support the functions for managing the IDC and CCSM.

f. Senior commanders will—

(1) Implement the IDC-CCSM model at installations in their areas of responsibility.

(2) Appoint an IDC Chair and up to two alternates. The IDC Chair will be either the garrison commander, garrison manager, or deputy to the garrison commander. Alternates will be an O-6 in a command or deputy command position or a GS-15 in a deputy to the command position at the installation level.

(3) Ensure that the IDC Chair and voting members (including alternates) comply with training requirements before installation implementation of the IDC-CCSM.

(4) Serve as the decision authority on reconsiderations outlined in paragraph 5d(3) of this directive.

g. Garrison commanders will—

(1) Appoint the installation FAPM or an alternative representative (such as the Army Community Services Director), as the installation subject-matter expert to oversee the implementation, management, and reporting on the transition of the CRC to the IDC-CCSM.

(2) Execute the IDC in accordance with procedures in reference 1l and guidance promulgated by the DCS, G-9 and this directive.

(3) Appoint voting members and alternates to the IDC. Ensure that all voting and non-voting members (and alternates), including unit commanders (and their representatives), have completed the training required by this directive.

(4) Ensure that the unit commander of servicemembers involved in incidents of suspected domestic abuse and/or child abuse/neglect are notified of the IDC meeting time and location when the incident will be reviewed by the IDC.

(5) Ensure IDC members understand that information disclosed during the IDC meeting is confidential and may not be shared outside of the meeting. In accordance with reference 1l, the deliberation process, including individual voting, is confidential.

(6) Publish installation standard operating procedures, which outline the installation requirements in transitioning to the IDC-CCSM model.

h. The Installation FAPM will—

(1) Serve as the SME to the IDC Chair and members on all elements of FAP.

(2) Advise and ensure adherence to the IDC procedures required by this directive and guidance developed by the DCS, G-9, and ensure the appropriate application of the DTA.

(3) Educate the IDC Chair and members of the IDC on the dynamics of domestic abuse and/or child abuse/neglect.

(4) Coordinate the administrative functions of the IDC on behalf of the IDC Chair. This includes coordinating with the MTF FAP Chief/Clinical Director or Clinical Supervisor and IDC Chair to schedule the meeting dates, time(s), and location(s). Review and advise the IDC Chair on the frequency of meetings to avoid excessive delays in case presentation to the committee, distribution of the meeting agenda, recording of the findings in the meeting minutes for each case presented to the IDC, and all other administrative requirements at the request of the Chair.

(5) Ensure that all IDC voting and non-voting members complete IDC training before their first time participating in the IDC meeting.

(6) Ensure that the information presented at the IDC is limited to the reported incident being reviewed. The FAPM will advise the IDC Chair on applicable policies and guidance that govern the IDC and notify the Chair when there is a deviation in the IDC process in accordance with reference 1l. Only information that is incident-focused and provides insight on the alleged offender and/or victim credibility is permissible for inclusion and consideration during the IDC meeting.

(7) Attend the CCSM to serve as an expert on prevention resources for domestic abuse and child abuse/neglect, and provide knowledge of available community resources on and off the installation.

(8) During the transition from CRC to IDC, support compliance and quality assurance reporting pursuant to guidance developed by the DCS, G-9.

(9) Prove a quarterly summary of the IDC’s effectiveness to the IDC Chair. The summary may include information on the functioning of the committee, information relevant to maintaining fidelity, statistical data from the reporting period,

recommendations and corrective actions for improving the meeting's performance, and other relevant elements that support IDC fidelity.

i. The installation SJA will—

(1) Provide a representative (and an alternate, as appropriate) to serve as a voting member to the IDC.

(2) Advise the IDC on legal issues.

(3) Provide information on pending legal matters or cases involving the alleged offender and/or victim, as permitted by law and regulation.

j. The installation Provost Marshal will—

(1) Provide a representative (or an alternate) to serve as a voting member of the IDC. When a law enforcement response or criminal investigation has occurred in an incident, the law enforcement representative must present information relevant to the incident if providing such information will not negatively influence the ongoing investigation on or off the installation.

(2) Establish procedures to obtain reports from local civilian law enforcement agencies about the reported incident to ensure all information is available before the IDC vote.

k. The installation MTF commander will—

(1) Implement the CCSM. Appoint, in writing, the MTF FAP Chief/Clinical Director or Clinical Supervisor (and an alternate) to Chair the CCSM.

(2) Appoint, in writing, the MTF FAP Chief/Clinical Director or Clinical Supervisor (and an alternate) to serve as a voting member to the IDC.

(3) Ensure that the MTF FAP Chief/Clinical Director or Clinical Supervisor assigns each reported allegation of suspected or known domestic abuse and/or child abuse/neglect received by the FAP clinical office or FAP RPOC. During the assessment, the assigned case manager is responsible for reviewing and using the DTA and for completing the Family Advocacy Program Incident Severity Scale (FAP-ISS), the Intimate Partner Physical Injury Risk Assessment Tool (IPPI-RAT), and other DoD- and Army-approved, evidence-based practices in accordance with DoD and MEDCOM guidance.

(4) Ensure that assessed incidents are presented to the IDC for a status determination within 45 business days of receipt of the initial referral.

l. The MTF FAP Chief/Clinical Director or Clinical Supervisor will—

(1) Chair the CCSM.

(2) Serve as a voting member to the IDC.

(3) When a case deferral or delay is necessary, provide the committee with an introductory statement and reason for the request. The IDC Chair is the final decision-making authority on a deferral or delay request. Ensure that any decision made at the IDC on a deferral or delay is documented in the FASOR.

m. Unit commanders will—

(1) Complete the required IDC training before attending the first IDC meeting. Commanders will not vote if the required training is not complete, but they may attend the meeting and participate on behalf of the command.

(2) Attend the IDC meeting and serve as a voting member when a servicemember under their command is involved in a suspected incident of domestic abuse and/or child abuse/neglect. If unavailable to attend the IDC meeting, the commander may delegate an alternate representative in the supervisory chain, equivalent to or within at least one grade level of the commander, to attend the meeting. In exceptional circumstances, the unit first sergeant may serve as the representative on behalf of the unit commander. Representatives are authorized to vote on the commander's behalf. All alternates must complete the requisite training before attending and voting at the IDC.

(3) Where operational constraints (such as a field training exercise) prevent commanders from attending the IDC in person, as permitted by the IDC Chair, they may participate by exception via teleconference or video conference. Failure to attend or to send a representative to the scheduled IDC will not preclude an incident from being reviewed and an ISD from being made.

7. Implementation. No later than 7 October 2022, all installations will transition from the CRC model to the IDC-CCSM model.

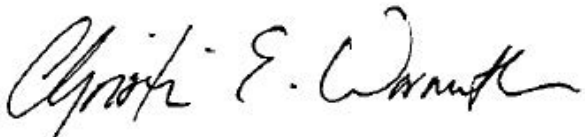
8. Limitations. A commander's authority to take disciplinary or adverse administrative action against a Soldier alleged to have committed a crime of domestic violence and/or child abuse punishable under the Uniformed Code of Military Justice is not restricted by

this guidance. Information presented to an IDC may be introduced as evidence in an administrative or judicial proceeding in accordance with applicable law and regulation. Any disciplinary or adverse administrative action taken should not infringe on a Soldier's and/or Family member's ability to receive all available services from the FAP to reduce the potential for future incidents of family violence. Commanders are responsible for consulting with their local SJAs before taking any punitive action.

9. Exceptions to Policy. The ASA (M&RA) has the authority to grant exceptions to this policy. That authority may be delegated to a Deputy Assistant Secretary of the Army, but no further. All exceptions will be coordinated with the Office of the Army General Counsel.

10. Proponent. The DCS, G-9 is the proponent for this policy and, under the oversight of the ASA (M&RA), will incorporate the provisions of this directive into AR 608–18 within 2 years of the date of this directive.

11. Duration. This directive is rescinded on publication of the revised regulation.



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REFERENCES

a. Title 34, United States Code, section 20341 (Child abuse reporting)

b. Title 5, United States Code, section 552 (Public information; agency rules, opinions, orders, records, and proceedings)

c. Title 28, Code of Federal Regulations, part 81.2 (Child abuse and child pornography reporting designations and procedures)

d. Public Law 114-328, Section 575 (Reporting on allegations of child abuse in military families and homes), 23 December 2016

e. Department of Defense (DoD) 5500.07-R (Joint Ethics Regulation), 30 August 1993, incorporating Change 7, effective 17 November 2011

f. DoD Instruction 5400.11 (DoD Privacy and Civil Liberties Programs), 29 January 2019, incorporating Change 1, effective 8 December 2020

g. DoD Instruction 6025.18 (Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule Compliance in DoD Health Care Programs), 13 March 2019

h. DoD Instruction 6400.01 (Family Advocacy Program), 1 May 2019

i. DoD Instruction 6400.06 (Domestic Abuse Involving DoD Military and Certain Affiliated Personnel), 21 August 2007, incorporating Change 4, effective 26 May 2017

j. DoD Manual 6400.01, Volume 1 (Family Advocacy Program (FAP): FAP Standards), 22 July 2019

k. DoD Manual 6400.01, Volume 2 (Family Advocacy Program (FAP): Child Abuse and Domestic Abuse Incident Reporting System), 11 August 2016

l. DoD Manual 6400.01, Volume 3 (Family Advocacy Program (FAP): Clinical Case Staff Meeting (CCSM) and Incident Determination Committee (IDC)), 11 August 2016

m. DoD Manual 6400.01, Volume 4 (Family Advocacy Program (FAP): Guidelines for Clinical Intervention for Persons Reported as Domestic Abusers), 2 March 2015, incorporating Change 1, effective 4 April 2017

n. Army Regulation 25–22 (The Army Privacy Program), 22 December 2016

o. Army Regulation 608–18 (The Army Family Advocacy Program), 30 October 2007, with Rapid Action Revision, 13 September 2011